

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983  
in the UNITED STATES DISTRICT COURT for the SOUTHERN DISTRICT of GEORGIA

MR. MICHAEL A. BRIGHT #529289  
GDCP P.O. Box 3877  
JACKSON, GEORGIA 30233

**CV415-145**

(Enter above full name of plaintiff or plaintiffs)

v.

CORIZON HEALTH CORPORATION, et al  
103 POWELL COURT  
BRENTWOOD, TN 37027

(Enter above full name of defendant or defendants)

FILED  
U.S. DISTRICT COURT  
SAVANNAH DIV.  
MAY 15 2015  
CLERK  
SO. DIST. OF GA.

I. Previous lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action? Yes \_\_\_\_\_ No ☒

If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county): \_\_\_\_\_

3. Docket number: \_\_\_\_\_

4. Name of judge assigned to case: \_\_\_\_\_

5. Disposition  
(for example, was the case dismissed? appealed? is it still pending?):  
\_\_\_\_\_
6. Approximate date of filing lawsuit: \_\_\_\_\_
7. Approximate date of disposition: \_\_\_\_\_
8. Were you allowed to proceed *in forma pauperis* (without prepayment of fees)? Yes \_\_\_\_\_ No \_\_\_\_\_

- B. While incarcerated or detained in any facility, have you brought any lawsuits in federal court which deal with facts other than those involved in this action?  
Yes \_\_\_\_\_ No ☒

If your answer to B is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to previous lawsuit:
- Plaintiffs: \_\_\_\_\_
- Defendants: \_\_\_\_\_
2. Court (name the district): \_\_\_\_\_
3. Docket number: \_\_\_\_\_
4. Name of judge assigned to case: \_\_\_\_\_
5. Disposition  
(for example, was the case dismissed? appealed? is it still pending?):  
\_\_\_\_\_
6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: N/A

8. Were you allowed to proceed *in forma pauperis* (without prepayment of fees)? Yes        No       

C. As to any lawsuit filed in federal court where you were allowed to proceed *in forma pauperis*, was any suit dismissed on the ground that it was frivolous, malicious, or failed to state a claim? Yes        No ✓

1. If your answer to C is yes, name the court and docket number for each case:

N/A

II. Place of present confinement: GDCP, P.O. Box 3877, JACKSON, GA. 30233

A. Is there a prisoner grievance procedure in this institution? Yes ✓ No       

B. Did you present the facts relating to your complaint to the appropriate grievance committee? Yes        No ✓

C. If your answer to B is yes:

1. What steps did you take?       

N/A

2. What was the result?

3. Did you appeal any adverse decision to the highest level possible in the administrative procedure? Yes   /   No   /

If yes, what was the result?   N/A  

- D. If you did not utilize the prison grievance procedure, explain why not: THE  
INCIDENT DIDN'T OCCUR AT JACKSON, BUT AT THE  
CHATHAM COUNTY JAIL, 1050 CARL GRIFFIN DR, SAVANNAH,  
GA. 31405 ON MAY 2, 2013

### III. Parties

(In Item A below, list your name as plaintiff and current address. Provide the name and address of any additional plaintiffs on an attached sheet.)

- A. Name of plaintiff: MR. MICHAEL A. BRIGHT # 529289  
 Address: GDCP P.O. Box 3877  
JACKSON, GA. 30233

(In Item B below, list the defendant's full name, position, place of employment, and current address. Provide the same information for any additional defendants in Item C below.)

- B. Name of defendant: CORISON HEALTH CORPORATION, ATCL  
 Position: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_  
 Current address: 103 POWELL COURT  
BRENTWOOD, TN. 37027

- C. Additional defendants: ① WOODROW A. MYERS, JR., MD, MBA, CEO, ②  
SCOTT A. BOWEN, PRESIDENT & CHIEF OPERATIONS OFFICER, ③ CALVIN  
B. JOHNSON, MD, M.P.H., CHIEF MEDICAL OFFICER, ④ JEFF SHOLEY,  
INTERIM CHIEF FINANCIAL OFFICER, ⑤ J. SCOTT KING, J.D., EV. P. &  
CHIEF LEGAL OFFICER, ⑥ DENNIS WADE, E.V.P. & CHIEF HUMAN  
RESOURCE OFFICER, ⑦ JONATHAN WALKER, E.V.P. & CHIEF  
DEVELOPMENT OFFICER, ⑧ NURSE SIMMONS, CHATHAM COUNTY JAIL,  
1050 CARL GRIFFIN DR., SAVANNAH, GA. 31405

## IV. Statement of Claim

State here as briefly as possible the FACTS in your case. Describe how each defendant is personally involved in the depriving you of your rights. You must include relevant times, dates, places, and names of witnesses. DO NOT GIVE LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON MAY 2, 2013, WHILE INCARCERATED AT THE CHATHAM COUNTY JAIL, I WAS GIVEN MEDICATION BY A NURSE EMPLOYEE OF CURIZON HEALTH INC., (NURSE SIMMONS) THAT WAS THE DIRECT CAUSE OF MY HEART FLATLINING 3 (THREE) TIMES AND HAVING ME HOSPITALIZED FOR 17 (SEVENTEEN) DAY, AT MEMORIAL MEDICAL CENTER IN SAVANNAH, GA. 31404. THIS MEDICATION WAS ADMINISTERED TO ME IN A DILUTE FORM WHEREBY I COULDN'T DETECT WHAT IT WAS OR IF IT WERE MINE. THIS MEDICATION WAS GIVEN TO ME BY AN EMPLOYEE OF CURIZON HEALTH INC. AND I HOLD THE EMPLOYER AND EMPLOYEE RESPONSIBLE FOR NEARLY TAKING MY LIFE AWAY FROM ME! THE HOSPITAL RECORDS OF WHICH I HAVE SEVERAL COPIES OF STATES THIS FACT!

## V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

THIS CLAIM OF LIABILITY AGAINST CORIDON HEALTH INC  
IS VALID AND I SEEK THE MAXIMUM AMOUNT OF  
MONETARY CLAIM ALLOW IN SUCH CASES WHERE  
HUMAN LIFE IS NEARLY LOST BECAUSE WHAT AN  
EMPLOYER DOES WRONG! I WISH TO BE AWARDED THE  
SUM OF 3 MILLION DOLLARS FOR LIABILITY, PAIN &  
SUFFER AND WHATEVER OTHER APPLICABLE MATTERS  
THAT MAY CONCERN THIS INCIDENT!

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 11 day of MAY, 2015

Prisoner No. \*529289

Mr. Michael A. Bight  
 (Signature of Plaintiff)



*Shanay Shepherd*

TO) SCOTT L. POFF  
CLERK, U.S. DISTRICT COURT  
P. O. Box 8286  
SAVANNAH, GA. 31412

FROM) Mr. Michael A. Bright #52928  
GDCP P.O. Box 3877  
JACKSON GA. 39233

Mr. Poff

PLEASE FIND ENCLOSED THE COMPLETED COPY OF FORM A  
PAUPER'S APPLICATION, THE COMPLETED COPY OF THE  
US. 1983 CIVIL CLAIMS & COMPLAINT FORM, THE NOTICE  
OF NEED FOR AN APPOINTED ATTORNEY, AND 3 (THREE) COPIES  
OF THE FORM LETTERS I USE TO CONTACT SEVERAL  
ATTORNEYS WITH. AS STATE IN MY REQUEST MY RESOURCES  
AND LEGAL CONTACT IS VERY LIMITED AND I PERSONALLY  
HAVE BEEN VERY ILL IN HEALTH ATTEMPTING TO DO THESE  
ON MY OWN. I'M SCHEDULED FOR SOME SURGERY ON MY  
RIGHT EYE IN JUNE AND I WANTED THESE OUT  
BEFORE I HAVE THESE DONE PLEASE HANDLE MY REQUESTS  
AND I'M PRAYING THAT YOU AND THE COURTS GRANT  
MY REQUEST. I EARNESTLY AWAIT YOUR RESPONSE, PLEASE  
SEND ME A COPY OF EVERYTHING STAMPED AND VALIDATED

RESPECTFULLY

Mr. Michael A. Bright

MICHAEL A. BRIGHT #52928  
P.O. Box 3877, JACKSON GA 39233

# ATTACHMENT "A"

## LIST OF ATTORNEYS ATTEMPTED TO CONTACT

- 1) ATTY. JEFFREY FLYNN, P.C.  
1447 PEACHTREE ST, N.E. SUITE 414  
ATLANTA GA. 30309 (404) 881-1700  
SENT LETTER ON 3-16-15
- 2) MICHAEL E. CARROLL + ASSOC.  
2250 SATELLITE BLVD, SUITE 205  
DULUTH, GA 30097
- 3) GOLDSTEIN + HAYES, P. C.  
13060 PEACHTREE RD, N.W. SUITE 1000, ATLANTA GA. 30305
- 4) PELYPENKO LAW FIRM P.C., 2160 GALLERIA PKWY, S.E. ATLANTA GA. 30339
- 5) KOSCHNER + VENKER, 32727 PACES FERRY RD S.E. ATLANTA, GA. 30339
- 6) HILLEY + FRIEDER, P.C. 433 79 PEACHTREE RD, N.E. STE 700, ATLANTA, GA. 30328
- 7) MARTAZU + JONES, PLLC, 53353 PEACHTREE RD, N.E. STE 510, ATLANTA GA. 30326
- 8) MICHAEL HOSTELO, 114 CANAL ST, SUITE 201, POOLER, GA. 31322  
(ALL THE ABOVE 2 - 8 SENT LETTERS TO THEM ON 4-2-15)
- 9) JOHN IWO, ATTY, CONTINENTAL LEGAL GROUP P.L. 845 BLUE RD, SUITE 100  
ANDERSON, TN. 37013  
SENT LETTER ON 4-20-15



ATTACHMENT "A" CONT.

10) THE TULSON FIRM, LLC, 2890 BEDMOUNT RD. NE, ATLANTA GA. (404) 646-8800  
3030

11) HUNSBY LAND GROUP, 1180 W. PENSACOLA ST. N.W., #2220 ATLANTA GA. 30309, (404) 577-1505

12) MORGAN + MORGAN, 191 PENSACOLA ST. N.E., SUITE 4200, ATLANTA GA. 30303  
1-888-420-1414

(Wrote to these three (3) on 3-21-15

(COPY OF  
LETTER SENT)

FROM: Mr. MICHAEL A. BRIGHT, #529289, J/2  
P.O. Box 3877  
JACKSON, GA. 30233

SUB. REPRESENTATION ON LIABILITY CLAIM

TO WHOM IT MAY CONCERN

MY NAME AND ADDRESS IS LISTED ABOVE AND I WAS REFERED TO YOU BY WINFRED MATTHEWS. I'M A DETAINEE AT JACKSON STATE PRISON IN ATLANTA GA. WITH A MAX. RELEASE DATE OF JAN. 2016. I'M WRITTING TO YOU BECAUSE I NEED REPRESENTATION ON A LIABILITY CLAIM OR MAL-PRACTICE SUIT AGAINST A NURSING FIRM NAMED "CORIZON HEALTH, INC.", WHEREBY I WAS GIVEN MEDICATION BY ONE OF THIS FIRM'S EMPLOYEE NURSES THAT WAS THE "DIRECT" CAUSE OF MY HEART FLATLINING THREE (3) TIMES. I WAS SUCCESSFULLY REVIVED ON ALL THREE OCCASIONS, BUT IT RESULTED IN MY STAYING HOSPITALIZED FOR NINETEEN (19) DAYS AT MEMORIAL MEDICAL HOSPITAL IN SAVANNAH, GA. 31404. I NOW SUFFER FROM AN IRRREGULAR OR A-FIBULATION OF THE HEART. I'M A VERY HEALTHY 56 YR OLD MAN WHO HAS NEVER HAD ANY PROBLEMS WITH MY HEART UNTIL AFTER THIS INCIDENT. I'VE BEEN ADVISED BY TWO (2) DIFFERENT ATTORNEYS WHO'S FIRM DO NOT HANDLE THE KIND OF LAW SUITE I'M SEEKING THAT I DO HAVE A CLAIM AND BOTH HAVE WARNED ME OF THE 2 YR LIMITATION TO FILE. Mr. MATTHEWS EXPAINED TO ME THAT IF I CAN GET YOUR REPRESENTATION THAT YOU

CANNOT WRITE A "DEMAND LETTER" FOR A DOLLAR SETTLEMENT  
THEREBY PUTTING THEM ON NOTICE THAT I INTEND TO SUE.

HERE IS A DESCRIPTION OF WHAT HAPPEN AND WHEN IT HAPPENED!

ON MAY 2, 2013 I WAS AT CHATHAM COUNTY JAIL ON SOME  
MISDEMEANOR CHARGE. I'M ON HIGH BLOOD PRESSURE MEDICATION  
AND MY PRESSURE WAS JUMPING UP AND DOWN. I LATER FOUND  
OUT THAT A NURSE BY THE NAME OF SIMMONS WHO'S STILL EMPLOYEE  
BY CURTISON WORKING OUT OF THE JAIL HAD GIVEN FIVE (5) DIFFERENT  
BLOOD PRESSURE MEDICATIONS DILUTE IN WATER THAT WAS THE DIRECT  
CAUSE OF WHAT HAPPENED TO ME. THIS COMBINATION OF MEDICATION SHUTTED  
OUT THE ELECTRICAL IMPULSE IN MY BODY THUS THE HEART STOPPAGE!

THE TWO ATTORNEY WHOM I'VE WRITTEN WHOM BOTH SAY I HAVE A CLAIM  
ARE: ① MICHAEL HOSTILO, 114 CANAL ST, SUITE 201, POWER GA. 31322,  
(912) 988-7852 (Also DICK HANES?), AND THE HORNBY LAW GROUP,  
1180 W. PEACHTREE ST. N.W. #2220, ATLANTA, GA. (404) 577-1505.

THEY'VE ALSO WARNED ME OF THE 2YR LIMITATION PERIOD. MR. MATTHEW HAS  
ADVISED ME THAT BY PUTTING CURTISON ON NOTICE WILL HELP ME GET  
THIS STARTED. I DON'T KNOW HOW MUCH YOU'LL CHARGE FOR DOING THIS  
BUT I'M ASKING FOR YOUR HELP IN DOING SO. IF YOU CAN'T DO IT PLEASE  
GIVE ME THE INSTRUCTION ON HOW TO DO IT MYSELF WHETHER OR NOT THIS  
SHOULD BE A STATE OR FEDERAL CLAIM. IF YOU CAN'T TAKE THIS CASE  
CAN YOU PLEASE REFER ME TO SOMEONE WHO CAN. MAY 2, 2015 ISN'T  
FAR OFF AND I'VE BEEN TRYING FOR QUITE A WHILE TO GET THIS STARTED.  
THANK YOU FOR YOUR TIME AND CONSIDERATION! GOD BLESS!!

RESPECTFULLY

Mr. Michael A. Bright

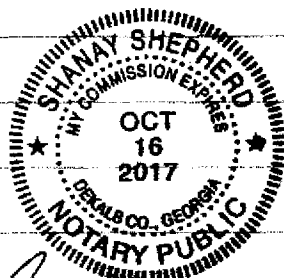
MR. MICHAEL A. BRIGHT

# CERTIFICATE OF SERVICE

THIS IS TO CERTIFY THAT I HAVE THIS DAY MAILED  
A COPY OF THE APPLICATION TO PROCEED WITHOUT PREPAYMENT  
OF FEES, THE COMPLETED FORM OF U.S.C. 1983, AND THE  
PETITION FOR THE NEED OF AN APPOINTED ATTORNEY IN  
THIS FOREGOING MATTER, BY DEPOSITING A COPY OF THIS  
MATTER ON THE \_\_\_\_ DAY OF MAY, 2015 IN THE BUTTS  
COUNTY MAIL SYSTEM IN THE PROPERLY ADDRESSED  
ENVELOP WITH ADEQUATE POSTAGE AFFIXED AND  
ADDRESSED TO;

SCOTT L. POFF, CLERK  
CLERK, U.S. DISTRICT COURT  
P. O. Box 8286  
SAVANNAH, GA. 31412

THIS 11 DAY OF MAY, 2015



*[Signature]*

*Mr. Michael A. Bright*  
MICHAEL A. BRIGHT #529289  
GDCP P.O. Box 3877  
JACKSON, GA. 30233